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APPLICANTS

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** CONTINUING DATA ***** *NONE / BES*

** FOREIGN APPLICATIONS ***** *NONE / BES*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 02/06/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 26	TOTAL CLAIMS 143	INDEPENDENT CLAIMS 6
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged Examiner's Signature _____ Initials <i>BES</i>			

ADDRESS

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TITLE

System and method for inspecting a mask

FILING FEE RECEIVED 3206	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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